

Name
in
Full

Harriet Alice Anderson

CERTIFICATE OF DEATH

Died at High Ridge Howard

MARYLAND

Date of death 1905 Nov. 4 Age — Months 3 Days —

Sex Female Color or Race Black Birth-place High Ridge

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Gust Anderson

Father's Birthplace Howard Co.

Mother's Maiden Name Cicilla Bergan

Mother's Birthplace Va.

Name of person giving information John Cager

How related to deceased friend

CAUSES OF DEATH

Primary

How long

Immediate

How long 8 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. B. Ryerly.

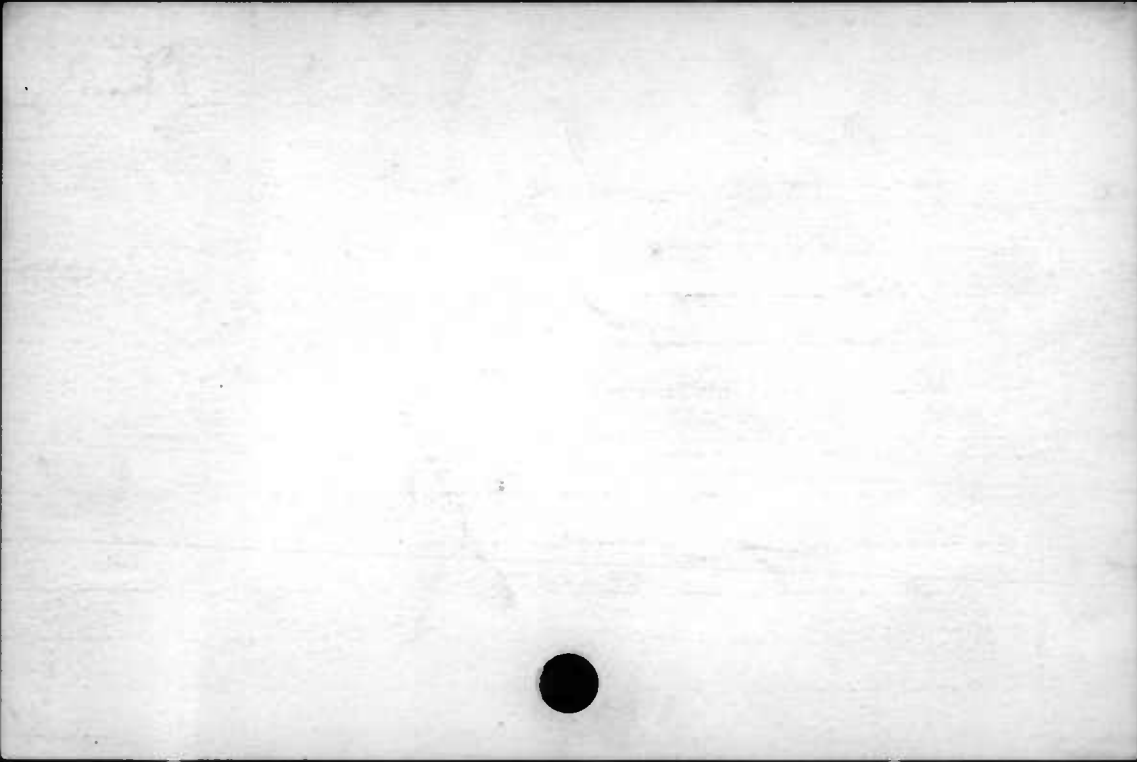
Lamb.

Accident or Suicide? —

In det.

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> ^{Town} <i>Boston</i>		<i>Hovance</i> ^{County}		MARYLAND									
Date of death	1905-	Month	<i>Nov</i>	Day	<i>11</i>	Age	<i>1</i>	Years	<i>6</i>	Months	<i>"</i>	Days	<i>"</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Guilford</i>						
Occupation	<i>mn</i>		Where Residing if not at place of death		<i>Guilford</i>								
<input checked="" type="checkbox"/> Married, Single or Widowed	<input type="checkbox"/> Name of Wife or Husband		<i>mn</i>										
Father's Name	<i>Alburt Boston</i>						Father's Birthplace	<i>Md</i>					
Mother's Maiden Name	<i>Annie Warrion</i>						Mother's Birthplace	<i>Ma</i>					
Name of person giving information	<i>James Harding</i>						How related to deceased	<i>Brother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ellis Caritis</i>	How long	<i>10 days</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Keenan</i>
		Address	<i>Guilford Md</i>
Accident or Suicide?			

D L G Krauss

Plum full out Cuck

and Mail '2

Fisher & Phani

Send me

Name
in
Full

Charlotte S. Brooke

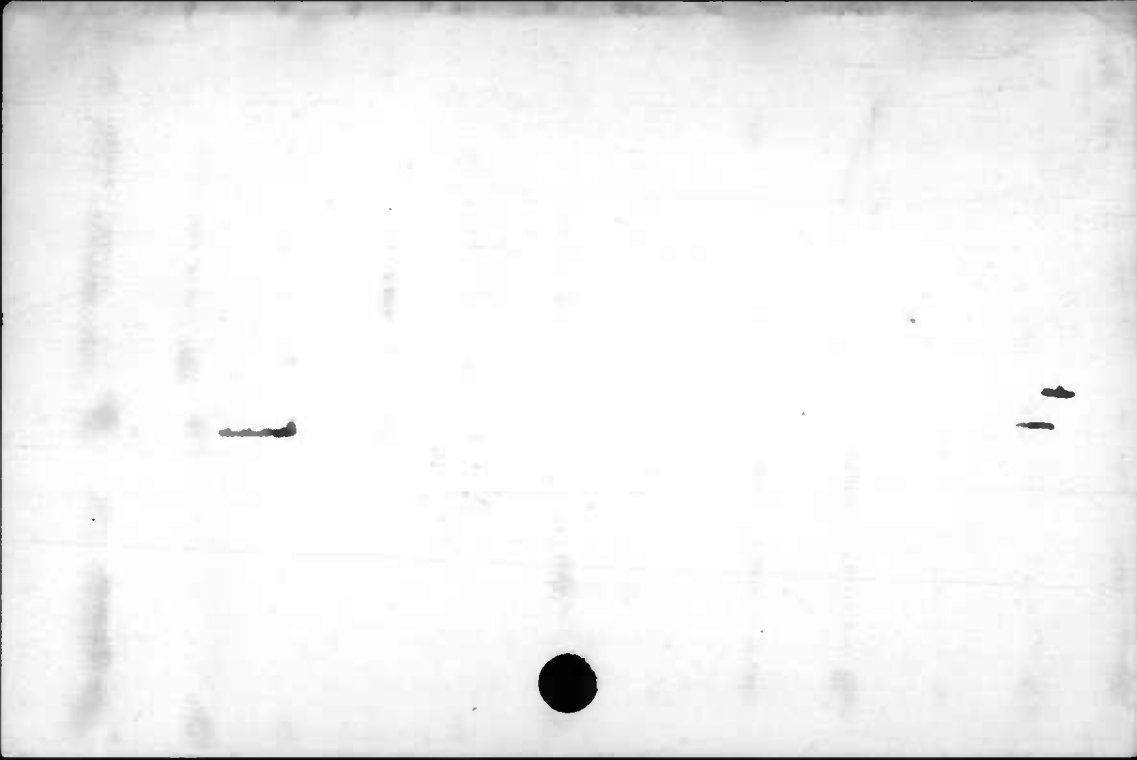
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his home</i>		County <i>Hovenden</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>11</i>	Day <i>13</i>	Age <i>76</i>	Months <i></i> Days <i></i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Chas. G. Brooke</i>				
Father's Name <i>Jm Gardiner</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Rachel Gambrell</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mary Brooke</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Infirmities of Age</i>	How long <i>Several years</i>
	<i>Dehydration</i>	How long <i>Progressive</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William M. D</i>
		Address <i>Savage MD</i>
	Accident or Suicide? <i>Neither</i>	



Name in Full

Certificate of Death

Thadens Crapeter

Town

County

Died at

MARYLAND

Date 1935. 11. 16. Y. 79. M. 6. D. 16. Native of Howard, G. Occupation Farmer
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Eleanor Grace
 Father's Name Basil Crapeter Mother's Name Harriet Watkins
 Maiden Name

Cause of Death { Primary Chronic degenerative rheumatoid 2 weeks
 Immediate Chronic poisoning
 How long sick
 Accident, Suicide, Homicide

Reported by Dr. J. Walter Smith
 Address Glenwood, Howard, G. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Wm. Lloyd Garrison
Boston
Mass.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Occupation

Father's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

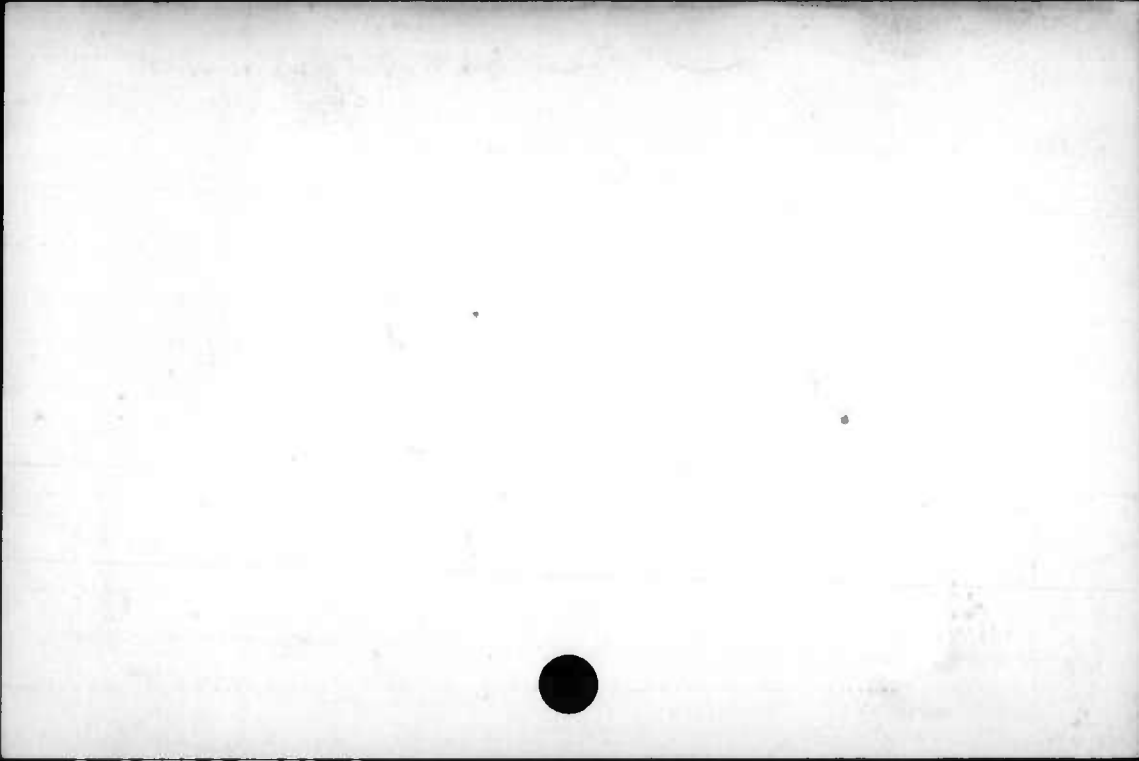
Address

How long

How long

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ellen Howard

CERTIFICATE OF DEATH

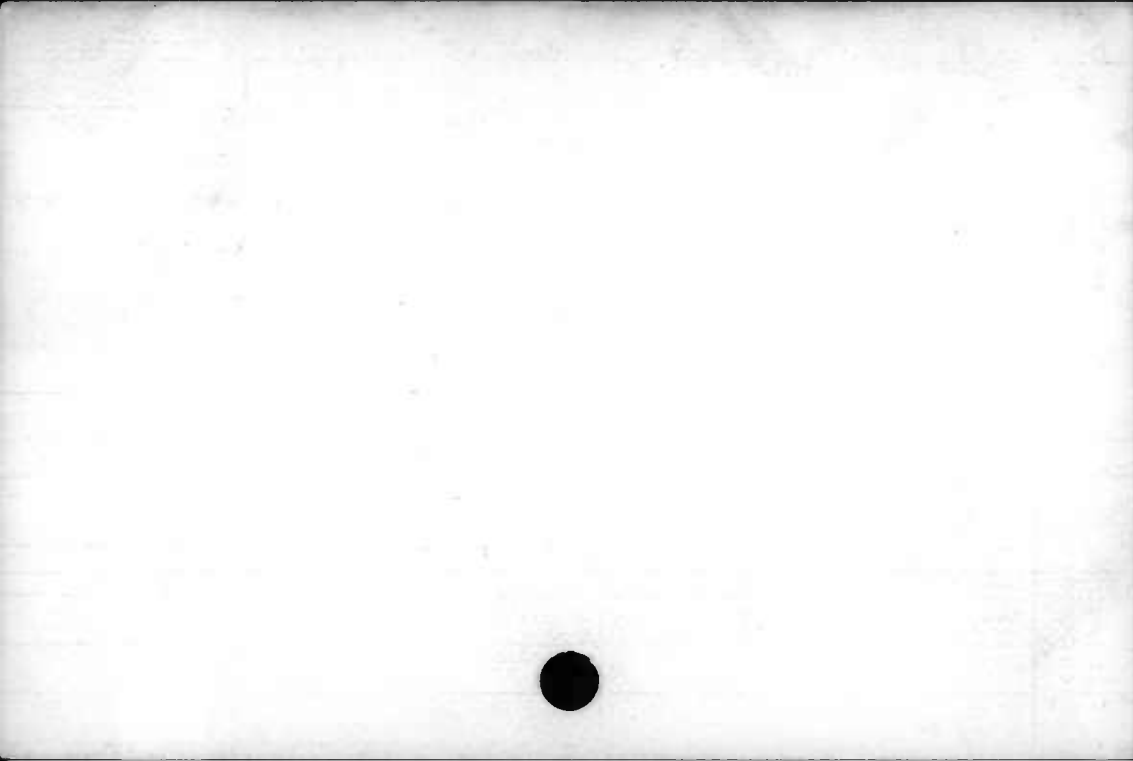
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pine Orchard		County Howard		MARYLAND	
Date of death 1906	Month Nov.	Day 14	Age 76	Years	Months —	Days —	
Sex Female	Color or Race colored		Birth- place Va				
Married, Single or Widowed Married		Occupation Housekeeper					
Name of Wife or Husband John Howard							
Father's Name James Brooks				Father's Birthplace Va			
Mother's Maiden Name Catharine Brooks				Mother's Birthplace Va			
Name of person giving In formation Catharine Maloney				How related to deceased Niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Right Hemiplegia	How long	4 days
Immediate	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		L. L. Owings	
Address		Ellicott City, Md.	
Accident or Suicide?			



Name
in
Full

Leo Edward Pitzinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elk Ridge* TownCounty *Howard*

MARYLAND

Date of death *1905* Month *Nov.*Day *9th*Age *—* YearsMonths *—*Days *5*Sex *Male*

Color or Race

White

Birth-place

*Elk Ridge*Occupation *—*Where Residing if not at place of death *—*~~Married~~, SingleName of Wife or Husband *—*

Father's Name

Chas. E. Pitzinger

Father's Birthplace

Maryland

Mother's Maiden Name

Bessie Lee Marshall

Mother's Birthplace

Maryland

Name of person giving information

Chas. E. Pitzinger

How related to deceased

Father

CAUSES OF DEATH

Primary

Asphyxia neonatorum

How long

from birth

Immediate

Pneumonia

How long

from birth

Are the name, age, sex, color, date and place correctly given above?

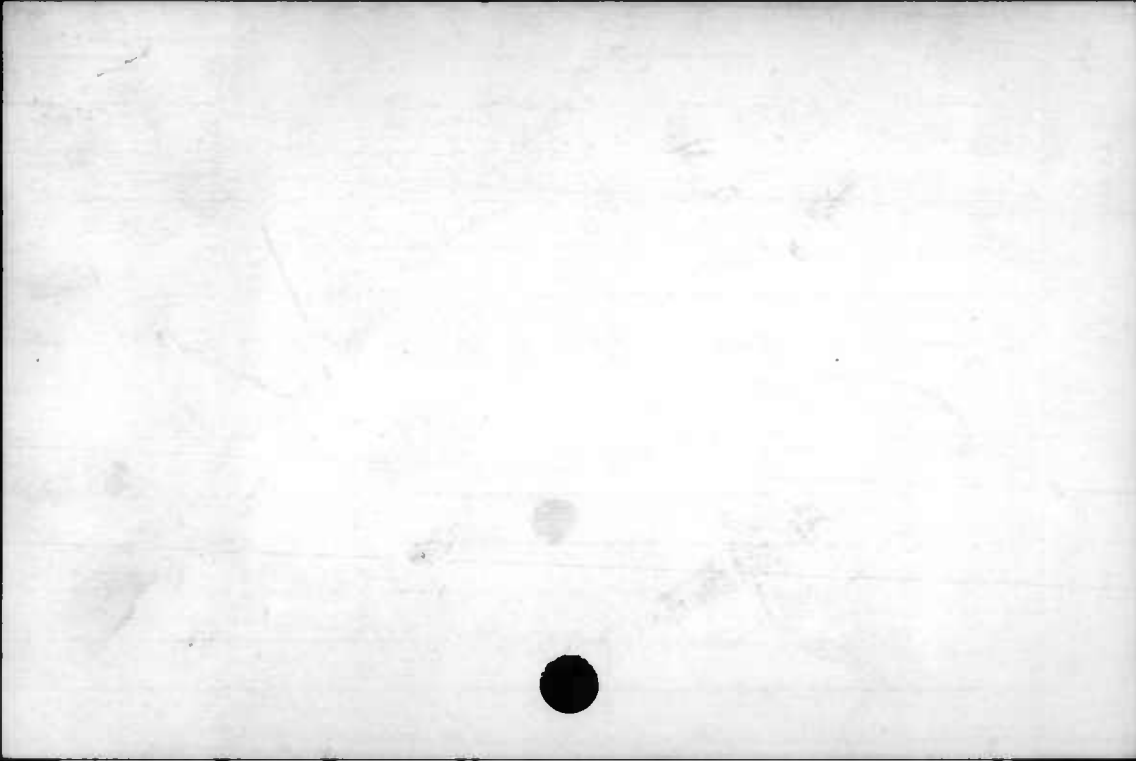
Yes

Signature of Physician

Wm. R. Eareckson

Address

*Elk Ridge*Accident or Suicide? *—*



Name in Full

Certificate of Death

George W Powers

Town

County

Died at

Glenwood

Howard

MARYLAND

Date 18

Month

Day

Y.

M.

D.

Native of

Occupation

1905-

11

21

Age

82

1

15

Balto. Co

Black-smith

Male

White

Married

~~Widow~~~~Married~~

Number of children living

3

Husband

of

Charity Baseman

Father's

Name

Peter Powers

Mother's

Name

Cause of

Primary

Progressive Paralysis

How long sick

2 yrs

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. W. Sim M.D.

Address

Glenwood

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000

J. Fred Abbott
J. W. M. Under

Name
in
Full

Eva May Smith

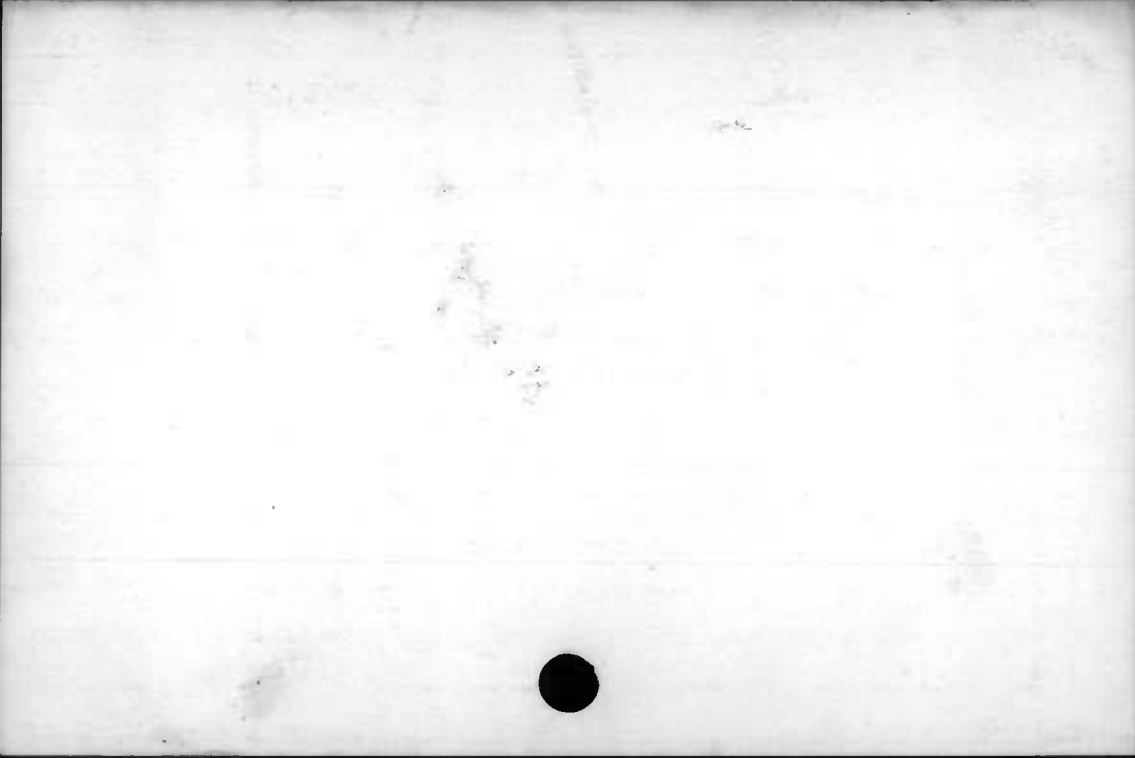
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death		1905	Month 11	Day 4	Age	Years 5	Months 1
Sex		female		Color or Race		white	
Occupation		Infant		Where Residing if not at place of death		at her home	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		J. Oliver Smith		Father's Birthplace		Md	
Mother's Maiden Name		Retha Maud Seewalt		Mother's Birthplace		Md	
Name of person giving information		J. Oliver Smith		How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Laryngeal diphtheria	How long	1 week
	Immediate	Asphyxiation	How long	a few minutes
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Whittemore M.D.
	Address	Savage		
Accident or Suicide?		Mother		



Name
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Full

CERTIFICATE OF DEATH

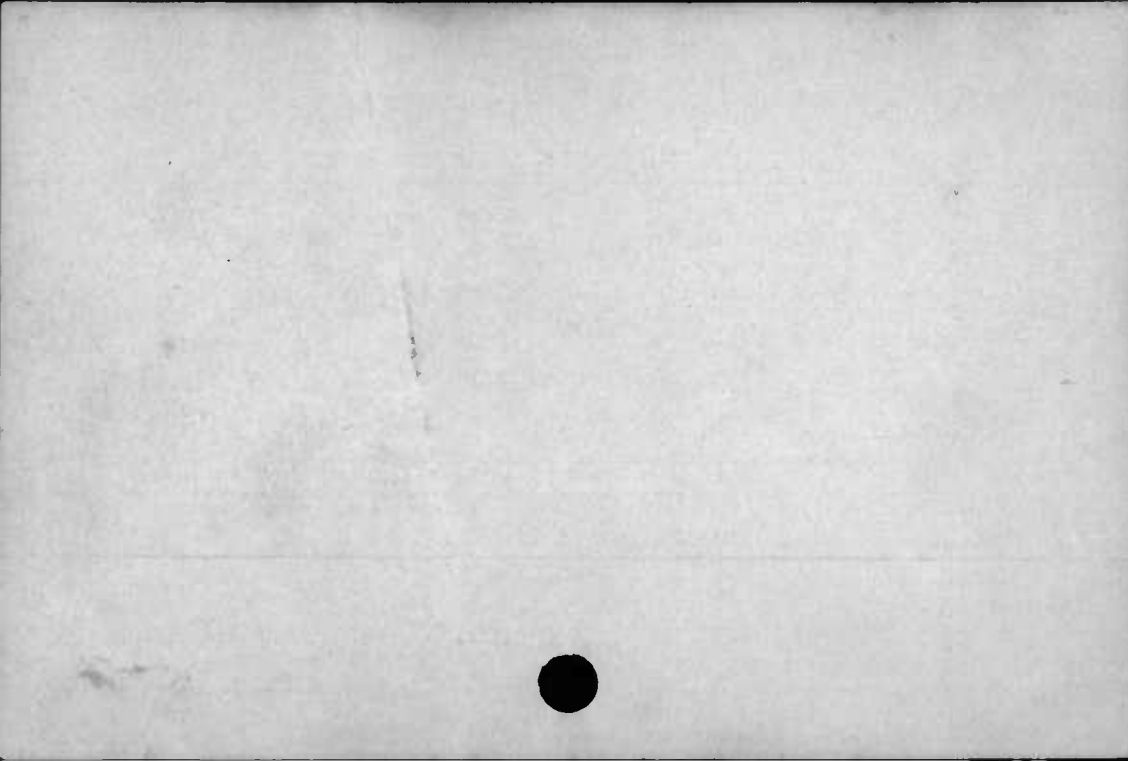
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elk Ridge		County Howard Co		MARYLAND	
Date of death	1905	Month Nov	Day 14	Age 77	Years	Months X	Days X
Sex	Female		Color or Race	African		Birth-place	Baltimore
Occupation	Washerwoman		Where Residing if not at place of death		Elk Ridge		
Married, Single or Widowed	Married		Name of Wife or Husband	John Snell			
Father's Name	X		Father's Birthplace	X			
Mother's Maiden Name	X		Mother's Birthplace	X			
Name of person giving information	John H. Snell		How related to deceased	Sore			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart and Kidney	Disorder	How long	one year
Immediate	same		How long	same
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Arthur Williams	
			Address	
			Elk Ridge Md	
Accident or Suicide?		no		







Name
in
Full

Sarah Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>57</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Elk Ridge Md</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Colman Welch</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Michael A Welch</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage with</i>	How long	<i>first days</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Howard Co Md</i>
Accident or Suicide?	<i>no</i>		

4 children

9

in
Full

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

County
Howard

Day ☒

Age _____ Years _____

Months

Days

Color or Race *white*

Birth-place Woodstock, Ind.

Where Residing if not
at place of death

Name of Wife or Husband

Father's Birthplace Germany

Mother's Birthplace	Harvard Ctland
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How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

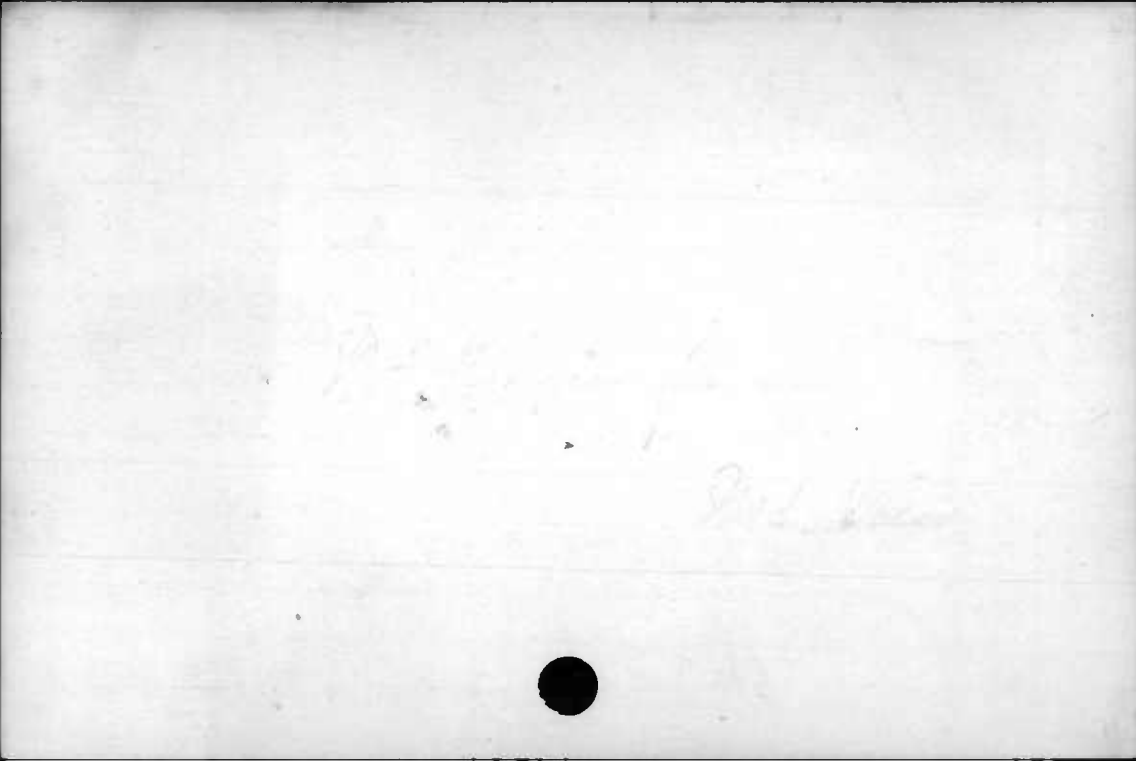
How long	
How long	

How long	How often	How much
10	10	10

Signature of Physician *A. J. Thompson*
Address *1111 1st St. N. W.*

Francis

Accident or Suicide? 



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock</i>		County <i>Howard</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>Nov</i>	<i>16</i>	<i>56</i>	<i>3</i>	<i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Howard Co Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Woodstock Ind</i>		
Married, Single <i>married</i>	Name of Wife or <i>Emma Gupp</i>				
Father's Name <i>William Gupp</i>	Father's Birthplace <i>not known</i>		Mother's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>	Name of person giving information <i>Arms Gupp</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>months</i>
Immediate <i>Pulmonary Congestion & Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Gupp</i>
	Address <i>Grant Ind</i>
Accident or Suicide? <i>no</i>	

